



CITY OF SAINT PAUL  
Department of Parks and Recreation

## 2012 Fee Assistance Application for Youth Activities

Please complete a separate form for each child

**Please print:**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Total number of adults & children in your household (including yourself) \_\_\_\_\_

Total family income per month \_\_\_\_\_  
(If applicable, include child and/or spousal support, MFIP, Social Security, etc)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

My child receives: \_\_\_\_\_ free school lunches \_\_\_\_\_ reduced fee school lunches

I certify that all the information I have given on this application is true and the child I want to be considered for the fee assistance credit lives at the address listed above. I understand that any falsification or misrepresentation may disqualify me for fee assistance with the City of Saint Paul Department of Parks and Recreation. Parks and Recreation reserves the right to verify this information to ensure accuracy.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

For office use only:

Document shown to prove residency (please list) \_\_\_\_\_

Staff Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

**Bring this form, along with proof of residency, to any recreation center where staff will review the application for completeness and make sure the residency requirement has been met.**